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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known				
FEES TRANSMITTAL For FY 2007		Application Number	10/808,553			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$ 180.00)		Filing Date	March 25, 2004			
		First Named Inventor	Bryan Vincent			
		Examiner Name	J. L. Cumberledge			
		Art Unit	3733			
		Attorney Docket No.	MED-017D1			
METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 07-1700 Deposit Account Name: Goodwin Procter LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES						
Fee Description	Small Entity	Fee (\$)	Small Entity	Fee (\$)		
Each claim over 20 (including Reissues)		50		25		
Each independent claim over 3 (including Reissues)		200		100		
Multiple dependent claims		360		180		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
0	- 20 = 0	x 50.00	= 0.00	Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
0	- 3 = 0	x 200.00	= 0.00			
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 = 0	/50 = 0	(round up to a whole number) x		= 0.00		
4. OTHER FEES (\$)						
Non-English Specification. \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00						
SUBMITTED BY						
Signature			Registration No. (Attorney/Agent)	35,022	Telephone	(202) 346-4000
Name (Print/Type)	Patrick A. Doody		Date	September 7, 2007		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: September 7, 2007

Signature: _____

(Patrick A. Doody)